Interagency Adolescent Extended Day Treatment Program

A Concept Paper

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Interagency Support: Budget, Contributions by Agencies

Introduction

The following concept paper defines the key elements of an adolescent extended day treatment program which is to be developed and funded by multiple agencies under the Executive Office of Human Services. The program will serve twenty-one adolescents in the Tri-City Area (Everett, Malden, and Medford) whose needs require holistic diagnosis and integrated service delivery by the participating agencies. Moreover, as their needs come within the mandates of the several agencies, efficiency of service delivery will be best served by a coordinated interagency program.

The program is designed for male and female adolescents between the ages of (13-18) (14-22) who display severe educational, emotional and behavioral problems but are not retarded. Specifically, they will have documentable psychotic or character disorders of a lengthy or chronic nature which present as:

- *uncontrolled aggressive behavior*
- *lack of impluse control*
- *inability to deal appropriately with authority*
- *severe depression and/or lack of self-esteem*
- *school phobia, truancy, and/or suicidal gesturing.*

In short, these adolescents will present a demonstrated threat to the stability and safety of themselves, their families or society. Priority will be given to those who, in addition, have documented failure to progress in settings without a high level of structure and strong clinical components. Highest priority will be given to (a) those with a history of psychiatric hospitalizations; (b) those coming out of residential treatment or psychiatric hospitalization; and (c) those assessed by an interagency diagnostic team as being at risk of residential treatment or psychiatric hospitalization.

The program will combine the following elements in individualized diagnostic and treatment plans designed for each participant and his/her family:*

- *highly structured basic, remedial and special education services leading toward a high school diploma*
- *prevocational and vocational evaluation, preparation and support*
- *individual and family counseling*
- *extended day and weekend activity programs*
- *24 hour outreach, tracking and crisis intervention*
- *substance abuse prevention and treatment*

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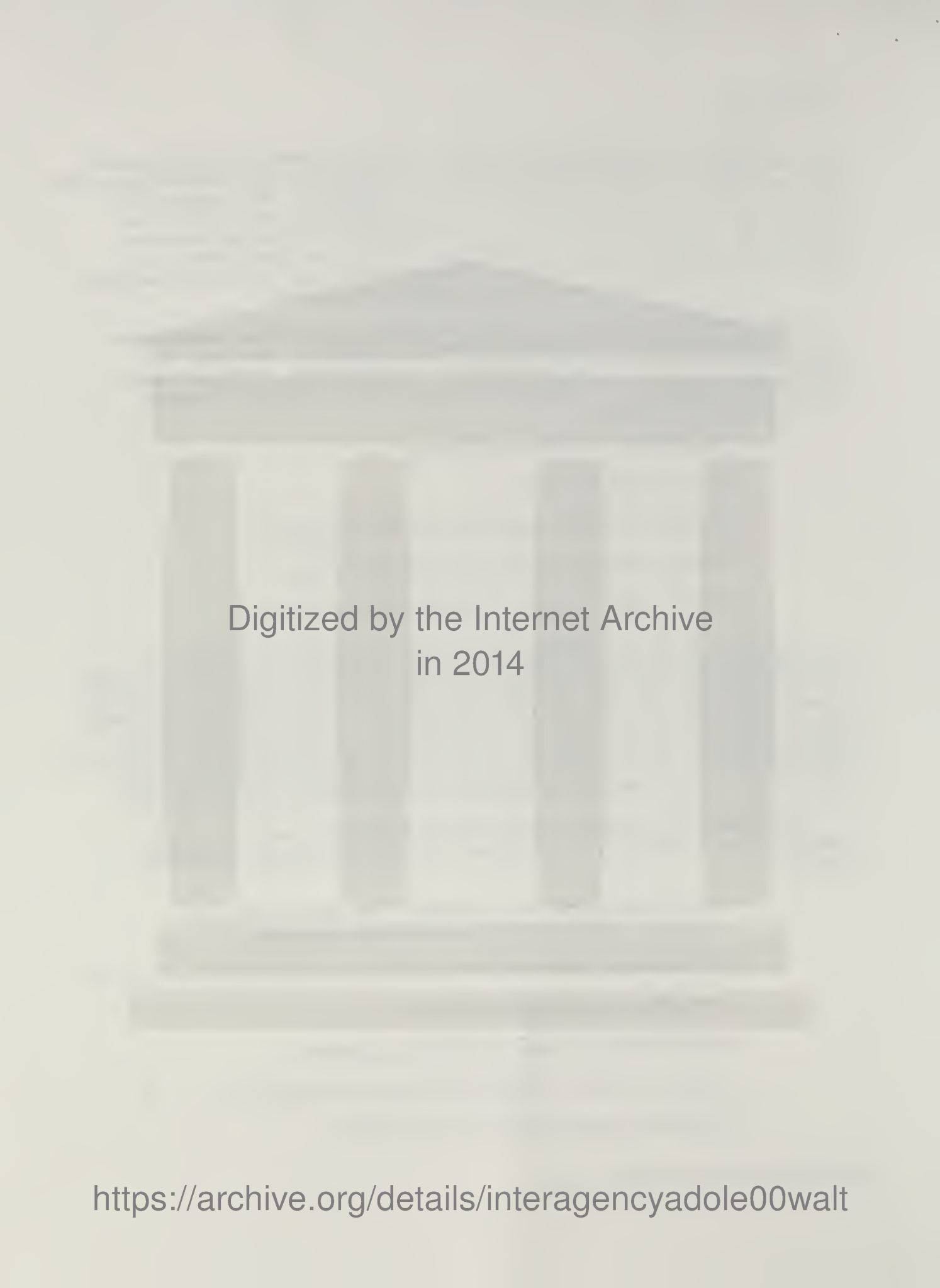
* *natural family or foster family*



Introduction (continued)

- *short term (up to 30 day) out-of-home respite services*

- *transportation to and from program site(s) (main facility, work and activity sites)*

The agencies whose clients will be served, and who will therefore plan and fund these program elements include: the Local Education Agencies (LEA's) of Everett, Malden, and Medford; the Massachusetts Department of Social Services (DSS); the Massachusetts Department of Mental Health (DMH); the Massachusetts Rehabilitation Commission (MRC); the Massachusetts Department of Public Health (DPH); and the Massachusetts Department of Youth Services (DYS). The Massachusetts Office for Children (OFC) will contribute planning, facilitating, organizational problem solving and monitoring services. (For a fuller discussion of program costs and cost sharing arrangements see Budget, below.)

Problem Statement

Since the early 1970's the educational and human service agencies which serve troubled adolescents have agreed that maintaining these youth in the community in the least restrictive enviornment contributes significantly to their eventual successful functioning. Removal from the family and community by various forms of institutionalization means that, whatever benefits are thereby obtained, return will require much additional effort to establish or re-establish the family and community supports necessary for optimal future development.

If an intensive, structured educational and therapeutic program can maintain such adolescents in their families, either natural or foster families, they can begin to experience success in the tasks of adolescence within a more closely "normal" environment. Their parents can immediately be helped to better manage their difficult parental role, and a network of ongoing supportive community affiliations can be established.

However, because of budgetary limitations, incongruent geographical jurisdictions, separate and uncoordinated policies and procedures for program development as well as client intake and referral, and a host of related systemic constraints the youth-serving agencies have traditionally developed and funded separate programs or "slots" within a given program. Anxious to maximize the services for "their clients", they have been forced to hoard and protect resources and establish exclusive control over access to them. The result has been loss of a holistic approach to individuals and families: confusion and disagreement over whose mandate confers primary case management responsibility, limitations in providing a full range of diagnostic and treatment services, and, frequently, service provision for adolescents in costly residential settings far from their communities. Moreover, because the mechanism and incentives for providing coordinated broad-based community programs have been largely unavailable, existing programs are often duplicative in their efforts, restrictive in access, and unable to realize efficiencies related to scale, shared use of facilities

Problem Statement (continued)

or personnel, and community proximity. Clients who are served by more than one agency must deal with inconsistent policies, uncertainty over areas of responsibility with resulting gaps in services, yards of red tape, and uncoordinated planning for the future.

Goals and Objectives

The primary goal of this program is to successfully maintain and serve severely troubled adolescents -- those with psychotic or character disorders which place them at risk of hospitalization, residential treatment, incarceration or suicide -- within their families and communities. Success is measured by the degree to which the program's clients develop the skills and attitudes necessary to function safely and productively in the mainstream of society. A secondary but highly related goal is to maximize the resources available to serve them by coordinating diagnostic, educational and therapeutic program elements in one integrated and holistic program. Success is measured by lowered costs per unit of service because of shared planning, diagnostic and administrative costs.

More specifically the objectives are to:

1. *develop the necessary planning and contracting mechanisms for joint program development by multiple human service agencies under the Commonwealth of Massachusetts Executive Office of Human Services;*

2. *use these mechanisms at the area level in the Tri-City Area (Everett, Malden, and Medford) to jointly plan and contract for an interagency adolescent extended day treatment program;*

3. *obtain a facility adequate to the administrative, diagnostic and direct service components of the program;*

4. *establish referral and admissions procedures which (a) serve adequately and fairly the needs of the participating agencies in providing for their clients; (b) ensure an optimally homogeneous client population, and (c) allow the program to consistently operate at full capacity;*

5. *establish administrative relationships between the program and the participating agencies in order to ensure responsive ongoing communication and program monitoring;*

6. *establish clear lines of communication and responsibility within the program -- "who provides what and answers to whom with whose money" (!);*

7. *develop financial accounting and payment procedures which clearly identify the costs and cash flow associated with each participating agency's agreed-upon program responsibilities;*

8. recruit and develop highly qualified, motivated staff who understand and support a holistic service approach as well as accountability to multiple agencies; and

9. develop and implement a program evaluation plan which permits supportable conclusions to be reached about the efficiency and effectiveness of the program, both in terms of client benefit (improved functioning, reduction in threats to safety, normalized environment) and cost benefit (lowered costs per unit of service, greater efficiency in use of resources associated with program planning and administration.)

Program Design

1. Referral and Intake

The program will provide a single point of intake for referred adolescents. The "admissions committee" will be an interdisciplinary, interagency team of representatives from the participating agencies which operates under the structure and procedures of the EOHS/DOE Interagency Agreement for Coordinated Services. In the interests of consistency and continuity, each agency will identify one staff person who will "sit" on the Interagency Team handling referrals to this program on an ongoing basis. Referrals may originate with any of the participating agencies.

The Interagency Team will screen and refer appropriate clients to the program's diagnostic component, at which point they may be admitted, wait-listed, or referred to other more appropriate programs. Decisions by the Interagency Team which involve significant disagreement within the team may be referred without penalty or prejudice to the Regional Team for resolution.

By definition, the needs of appropriate clients will bridge the service mandates of two or more participating agencies. Therefore, the concept of slots "belonging" to a given agency is not operationally functional, with the exception of the LEA's which have distinct and separate geographic jurisdictions. In order to guarantee full funding for the program, the three participating LEAs will each support the overall educational costs for seven, or one-third, of the total client population of 21. Accordingly, each of the Tri-City communities is assured of equal access to the program. Current caseloads of the participating agencies indicate that there will be no dearth of appropriate candidates from each community. However, should an imbalance occur, the Interagency Team may re-allocate slots on a time-limited, as-needed basis.

As stated in the Introduction, adolescents who are appropriate for the program will present psychotic or character disorders which prevent adequate functioning in their families or traditional

Program Design (continued)

1. *Referral and Intake (continued)*

educational and vocational settings. Their behavior will be assessed as representing a serious threat to themselves, their families, and/or society. However, the program will exclude youths who are mentally retarded; who have a history of unresponsiveness in similar placement; or who present serious and/or repeated suicidal, sexual, or aggressive acting-out (rape, aggravated assault, murder, arson). Youths in these categories require special developmental services, or secure residential/institutional treatment. Clients accepted into the program must also have workable home or foster care living situations (situations which are or have a reasonable hope of becoming workable with family counseling and support.)

The program's diagnostic team will provide fully-documented assessment information to the referring Interagency Team. That team will be responsible for informing clients, their families, and other relevant agency staff of the case findings and status. As stated above, disputed cases will be referred to the Regional Team for final disposition.

2. *Assessment and Diagnosis*

Diagnostic services will be provided to every adolescent screened into the program by the Interagency Team. Educational, vocational, and clinical staff directors will be responsible for an integrated, broad-based assessment of each referred client's problems and needs. As necessary, consultation services from experts outside of the program will be contracted on a case-by-case basis; however, it is a goal of the program and the participating agencies that a full range of diagnostic services be available at the community level and at the primary program site.

Upon initial referral by the Interagency Team a caseworker from the program's clinical staff will be assigned to the case. It will be his/her responsibility to arrange and monitor the array of diagnostic procedures required; obtain test results and relevant data previously obtained by other agencies; seek input from all parties involved in the case; and facilitate a Case Disposition by the program directors: referral to another program, or acceptance into the program with an individualized service plan which specifies the services which will be utilized to intervene and treat the client and his/her family.

Following this initial assessment, the caseworker will be responsible for monitoring service delivery to the client within the program, trouble-shooting when necessary, and generally keeping abreast of the client's progress. At 90-day intervals he/she will be responsible for updating the assessment and service plan, with

Program Design (continued)

2. *Assessment and Diagnosis (continued)*

assistance from the relevant program directors. He/she will communicate the revised assessment and service plan to the client, his/her family, and the Interagency Team. Throughout this assessment process, the caseworker will make concerted efforts to ensure that the client and family are involved in reviewing progress and mutually contracting for responsibilities in meeting treatment goals.

3. *Educational Services*

All clients participating in the program will take part in carefully structured and individualized educational activities based upon small groups and one-to-one instruction. The curriculum will emphasize mastery of basic skill areas leading to a high school diploma. Remedial work and prescriptive teaching for learning disabilities will be directed as needed toward each student's particular learning deficits. Three certified teachers including the Education Director and three part-time interns/aides will provide these services daily (Monday-Friday) from 9:00 a.m. to 3:00 p.m. Each youth will receive a daily plan and contract for work to be accomplished which is monitored at regular points throughout the day.

The client's caseworker will be closely involved in supporting the educational plan: failure to arrive at the program site or unexcused and unaccompanied leaving of the site will be immediately reported to the caseworker or back-up staff in order for the client to be found and returned promptly. Difficulties in meeting daily or ongoing work goals will be discussed by the caseworker, youth, and relevant teacher(s) in order to be addressed in individual and family counseling.

When the client has achieved the educational and therapeutic goals established for him or her within the program, and is ready to make the transition to a lower level of services, the caseworker and Education Director will work together to arrange for school placement and development of a new educational plan. If more appropriate, they will arrange referral to a vocational program or other work setting.

4. *Vocational Services*

Clients in the program will participate in structured vocational activities as part of their educational services. Activities will focus on vocational exploration, job seeking and job readiness skills training, vocational testing and counseling; and, if appropriate, job referral, placement and follow-up.

rogram Design (continued)

4. Vocational Services (continued)

During the client's initial phases in the program he/she will be required to spend an extended day at the site (8:45 a.m.-6:00 p.m., with occasional evening activities.) However, when the client has made sufficient progress with program goals to begin making the transition to a lower level of services, part-time work after school or on weekends may be supportive of long range goals for successful functioning in the community. The Vocational Director will work with the client and caseworker to place, monitor and support the client in an appropriate job. When a client has completed the program and is going into job training or the workplace, similar services will be provided and continued for a specific time-limited period.

5. Individual and Family Counseling

Individual counseling occurs for all clients and may appear as a scheduled, structured session or may be related to and integrated into any of the other services. A recreational activity conducted with the client, another youth in the program and the caseworker may be a valuable means to help the client develop a sense of both boundaries and belonging.

The role of counseling related to educational and vocational activities has been discussed above. Particularly in the initial phases, an active, directive caseworker style is essential. An outreach approach is also used to reach and get to know both the client and his/her family in their home environment. Caseworkers work under the close supervision of the program's Clinical Director, who is responsible for the client's initial and ongoing clinical assessment.

The goals of counseling are generally in the areas of impulse control, responsibility, communication and decision-making skills, socialization, and increased self-esteem. More specific goals may relate to school performance, family roles and interactions, sex roles and behavior, obtaining resources in the community, and preparation for independence.

Family counseling is based upon recognition of the need to treat a troubled adolescent within the context of his or her family -- a foster family if the natural family is unavailable or unworkable. Depending on the client's stage of development, and the duration and dynamics of dysfunction in the family system, the role and value of direct family counseling will be assessed. In addition, environmental work may be used by the caseworker to help parents obtain other resources (e.g. food stamps, adequate housing); and family members may be referred for therapy to a community agency. Specific training programs or support groups

Program Design (continued)

5. *Individual and Family Counseling (continued)*

may also be sought such as Parents Anonymous, Alcoholics Anonymous, Parent Effectiveness Training, and so forth. The goal of this family work is to help parents meet their own needs and develop their parenting skills so that they can understand and meet the needs of their adolescent.

Formal family intervention is the more structured, scheduled contacts which the caseworker has with the family either at the program site or in their home (outreach and contact in the home will be emphasized, especially in the client's initial phases.) Informal intervention refers to the ongoing supportive contact which occurs in person or by phone -- when the caseworker is doing routine checks on the client's whereabouts and status, accompanying him or her to activities, or participating in a family activity.

6. *Extended Day and Weekend Activity Program*

Following the end of the daily educational and vocational activities at 3:00 p.m., an activity and recreation program will take place which continues to support the client in a structured and responsive environment until 6:00 p.m. During this period regular counseling sessions will be scheduled; group counseling may be organized around common issues; group recreational activities (games, trips, sports, arts and crafts, musical events, etc.) will take place; and one-on-one trips and activities by the client and caseworker will be planned. In addition, at least one such activity per week will be scheduled during the evening, and one on the weekend. As necessary or appropriate, supervised study periods will also be scheduled in these time frames.

Recreational programming enables the client and caseworker to establish a comfort level in their relationship based on a more informal, natural environment. The goals of these activities are to teach appropriate and fun ways to spend free time, to develop social and peer interaction skills, to channel aggressive energy, to develop a sense of mastery over environment, and to build self-esteem.

7. *Tracking and 24-Hour Crisis Intervention*

Some aspects of the tracking program have been described previously -- caseworkers are immediately involved in lateness and truancy problems, as well as daily school and work checks (attendance, performance) with frequency to be determined according to the clients' needs and progress in the program. The extended day and weekend activities, planned and participated in by the caseworkers, involve additional and more intensive contact.

7. Tracking and 24-Hour Crisis Intervention (continued)

However, during hours when the client is not involved in a scheduled program or activity, or in the company of program staff, a caseworker will also make periodic checks by phone or home visit. Every day there will be a curfew check, as well as at least one contact for every three-five hour awake period spent away from the program (depending also on the client's needs and progress.)

During these after-hours periods, caseworkers will operate in "on call" teams, with back-up provided by the program's Clinical Director. Through this tracking system as well as group activities, all clients will come to know and be known by the other caseworkers in addition to their own primary caseworker.

The goals of the tracking program are to provide a complete and consistent structure to the client's environment through intense, positive and supportive relationships with caring adult role models. The client's accountability for whereabouts and behavior will be developed as he/she and the caseworker work together to analyze and solve problems. In addition, the caseworker's frequent contacts with the family and work with parents and siblings will reduce family tension, allowing all the participants to experience more constructive interaction.

An on call team with supervisory back-up will also be available 24 hours a day, 7 days a week, to intervene in and deal with client-involved crises. Whenever feasible, schedule adjustments will be made which permit the client's primary caseworker to be the intervenor. Crisis situations requiring this service typically involve family, arrest, drugs, alcohol, medical emergencies, and interpersonal conflict. If a client runs away from the program or the family, the caseworker will carry out the search and return activities.

8. Substance Abuse Prevention & Treatment

The problems of many troubled adolescents are compounded by or highly interrelated with drug or alcohol abuse. The program's clinical staff will be supported in dealing with these problems by special training and consultant services, materials for use in group or individual counseling sessions with clients and families, and help with client referral to health care providers in the community as needed.

9. Respite Care

Short term (up to 30 day) out-of-home respite care will be made available for a limited number of clients (1-2) whose home situation has become temporarily unworkable. Whether a "cooling off" period or period during which adequate parental supervision is unavailable, work will be done by the caseworker and any other relevant staff or community agencies to stabilize the situation and re-integrate the client into the family. Such respite services can preserve the client's continuity in the program and enable him or her to avoid other inappropriate and unnecessary forms of residential placement.

10. Graduation/Termination

Throughout the preceeding sections reference has been made to several ways of phasing down the intensity of program services -- referral to part-time jobs, less frequent monitoring of educational activities, less frequent contact in the tracking component, and work with outside schools/vocational programs to help clients make a well-planned transition.

It is expected that all clients who are appropriate for the program will spend a minimum of 6 months in it, spending extended time in activities at the site or in the company of caseworkers. Specific goals for each client will be the product of both initial and ongoing assessment, and establish the terms for written contracts with the clients about what they are to accomplish.

If the client repeatedly fails to make satisfactory progress in the program, or cannot be protected from committing acts of serious aggressive and destructive behavior, he or she will have to be removed from the program. All program staff involved with the client will work with him/her and the family to reach a decision about an appropriate alternative placement. The primary caseworker will plan for and support the transition to the new placement.

When a client has reached his or her goals within the program to a degree which is found satisfactory by the assessment staff, client and family, careful planning and support activities will be carried out by the primary caseworker to ensure the client's smooth termination from the program and transition to new programs or services.